



# Jersey Shore Area School District

175 A&P Drive, Jersey Shore, PA 17740

## New Student Registration Form

Office Use Only:  
\_\_\_\_ Immunization (on file)  
\_\_\_\_ Birth Certificate (on file)  
\_\_\_\_ Proof of Residency (on file)

Student # \_\_\_\_\_

**Form**

**1**

Registration Date \_\_\_\_\_ Grade \_\_\_\_\_ ☐ SH ☐ MS ☐ JS Elem ☐ Avis Elem ☐ Sall Elem

Student Name \_\_\_\_\_

Last Name

First Name

Middle Name

Sex: M F Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace \_\_\_\_\_ Home Phone# (\_\_\_\_) \_\_\_\_\_  
Month Date Year City State Unlisted? Y N

### Home Address

House Number \_\_\_\_\_ Apartment Number \_\_\_\_\_

Street Name \_\_\_\_\_

PO Box \_\_\_\_\_ Borough/Township \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

### Ethnicity – Please check:

- ☐ American Indian/Alaskan Native  
☐ Asian  
☐ Black/African American  
☐ Hispanic or Latino  
☐ Native Hawaiian/Pacific Islander  
☐ White  
☐ Other

Did the child ever attend school in this district? Y N

Which School? \_\_\_\_\_ Grades? \_\_\_\_\_

### Who has legal custody of student?

- ☐ Both Parents ☐ Mother ☐ Father ☐ Child Care Agency  
☐ Guardian ☐ Other \_\_\_\_\_

### Was the child in any of the following programs at his/her previous school?

- ☐ Yes ☐ No

#### If yes, please check all that apply:

- ☐ ESL ☐ Gifted ☐ Title I ☐ Speech ☐ Hearing Impaired  
☐ Alternative Education ☐ Special Education (IEP, NoREP, ER, 504 Attached)

### Adults who reside with child at above address:

- ☐ Mother/Father ☐ Mother ☐ Mother/Stepfather ☐ Father ☐ Father/Stepmother ☐ Other \_\_\_\_\_

#### Father

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Place of Employment \_\_\_\_\_

Primary Phone (\_\_\_\_) \_\_\_\_\_

Secondary Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_

Email \_\_\_\_\_

#### Mother

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Place of Employment \_\_\_\_\_

Primary Phone (\_\_\_\_) \_\_\_\_\_

Secondary Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_

Email \_\_\_\_\_

#### Step Parent/Guardian

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Place of Employment \_\_\_\_\_

Primary Phone (\_\_\_\_) \_\_\_\_\_

Secondary Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_

Email \_\_\_\_\_

NAME OF ALL CHILDREN AT CHILD'S ADDRESS	RELATIONSHIP TO CHILD	AGE	SCHOOL	GRADE

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Transportation Dept Use: ☐ Eligible ☐ Not Eligible ☐ Calendar Attached

Start Date: \_\_\_\_\_ AM: Bus# \_\_\_\_\_ Time: \_\_\_\_\_ Stop: \_\_\_\_\_  
PM: Bus# \_\_\_\_\_ Time: \_\_\_\_\_ Stop: \_\_\_\_\_

Notification: (Initial & Date)

Bus Co \_\_\_\_\_ Email or Phone \_\_\_\_\_ School \_\_\_\_\_ Email or Phone \_\_\_\_\_ Parent \_\_\_\_\_ Email or Phone \_\_\_\_\_

Additional Info \_\_\_\_\_



**Jersey Shore Area School District**  
175 A&P Drive, Jersey Shore, PA 17740

Form

**2**

**Request for Pupil Records**

Date \_\_\_\_\_

Name of School \_\_\_\_\_

School Address \_\_\_\_\_

School Phone # \_\_\_\_\_ School Fax # \_\_\_\_\_

Date of Withdrawal from Previous School \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

The student identified above has enrolled in our school on \_\_\_\_\_

We are requesting his/her:

- ☐ Cumulative Records, including current schedule, Future Ready PA Index Artifacts, grades, test scores, attendance and last date of attendance in your school.
- ☐ Discipline Log
- ☐ Health Record
- ☐ Current Individual Education Program, ReEvaluation Report, Notice of Recommended Educational Placement, plus Initial Evaluation Report, 504
- ☐ Psychological Reports
- ☐ Any information regarding special needs

\_\_\_\_\_  
Parent Signature, if available

\_\_\_\_\_  
Date

According to the Final Regulation—Family Education Rights and Privacy Act (FERPA), it is no longer necessary to obtain written consent to release school records to other school systems.



**Jersey Shore Area School District**  
175 A&P Drive, Jersey Shore, PA 17740

Form

**3**

## *Home Language Survey*

Date \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

What was the student's first language? ☐ English ☐ Other \_\_\_\_\_

Does the student speak a language other than English? ☐ Yes ☐ No  
(Do not include languages learned in school.)

What language(s) is/are spoken in your home? \_\_\_\_\_

Has the student attended any United States school in any 3 years during his/her lifetime?

☐ Yes ☐ No

If yes, complete the following:

Name of school	State	Dates attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person completing this form (if other than parent/guardian):

\_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

\*The school district/charter school/full day AVTS has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school/full day AVTS has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/charter school/full day AVTS may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district/charter school/full day AVTS in the future.



**Jersey Shore Area School District**  
175 A&P Drive, Jersey Shore, PA 17740

Form

**4**

## **House Bill 26/Safe School Initiative**

### **Parental Affirmation**

“Prior to admission to any school entity, the parent, guardian or other person having control of the student shall upon registration, provide a sworn statement of affirmation stating whether the pupil was suspended or expelled from any public or private school in this or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property.”

Student Name \_\_\_\_\_

- ☐ Has never been suspended
- ☐ Has been suspended for the following reason(s):

- ☐ Weapon
- ☐ Alcohol
- ☐ Drugs
- ☐ Violence to persons
- ☐ Violence to property
- ☐ Other \_\_\_\_\_

\_\_\_\_\_ Total number of suspensions for this student

- ☐ Has never been expelled
- ☐ Has been expelled for the following reason(s):

- ☐ Weapon
- ☐ Alcohol
- ☐ Drugs
- ☐ Violence to persons
- ☐ Violence to property
- ☐ Other \_\_\_\_\_

Date(s) of expulsion \_\_\_\_\_

I affirm the above information to be accurate and further understand that any willful false statement on this form or attachments shall be a misdemeanor of the third degree. This statement is also made subject to penalties provided by 18 Pa.C.S., sect. 4904, relating to unsworn falsification to authorities.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Official

\_\_\_\_\_  
Date



**Jersey Shore Area School District**  
175 A&P Drive, Jersey Shore, PA 17740

Form

**5**

**Child Custody Information**

**Parental Affirmation**

Student Name \_\_\_\_\_

☐ Child lives with both natural parents. **Stop here, sign and date the bottom of the form.**

☐ Child does not live with both natural parents. **Continue.**

The following information is needed if your child does not reside with both natural parents due to separation or divorce. The parent with whom the child resides will be considered the custodial parent; however, the non-custodial parent has access to the child's records in the absence of a court order forbidding it.

Name of custodial parent with whom the child resides: \_\_\_\_\_

Name of non-custodial parent: \_\_\_\_\_

Address (if known): \_\_\_\_\_

Do you, as custodial parent, have legal custody through a court order?

- ☐ Yes (If yes, a copy of the court order should be supplied to the school office to be kept on file.)  
☐ No  
☐ Pending

If there is a court order, does it limit the non-custodial parent access to school records?

- ☐ Yes (If yes, a copy of the court order **MUST** be supplied to the school office to be kept on file.)  
☐ No

May the child be released from school to the non-custodial parent?

- ☐ Yes  
☐ No (If no, a copy of the court order **MUST** be supplied to the school office to be kept on file.)

Are the students restricted from a change in enrollment or residence due to a custody order?

- ☐ Yes (If yes, a copy of the court order **MUST** be supplied to the school office to be kept on file.)  
☐ No

I affirm the above information to be accurate and will notify the school whenever any of this information should change or be modified.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



## MEDIA RELEASE EXEMPTION FORM

### Opt-Out Form

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Building \_\_\_\_\_

The Jersey Shore Area School District is committed to protecting the privacy of all students and their families. The following is provided to offer you as a parent the right to remove your child from being photographed, videotaped, or recorded for the local news media; publicity or for internal purposes, such as newsletters, school and district presentations; the district website; and school or school district managed sites such as JSASD Facebook, JSASD Twitter, JSASD Instagram, etc.

\_\_\_\_\_ **I DO NOT** give my permission for my child to be photographed (still or motion) and/or tape recorded (audio or video) by employees of the Jersey Shore Area School District, its education partner organizations (clubs, booster organizations, home and school association) and/or agents of the media.

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature

Parent permission is given while your student attends the Jersey Shore Area School District unless consent is denied using this form.

# **Annual Public Notice of Special Education Services and Programs, Services for Gifted Students, and Services for Protected Handicapped Students**

**(Revised June 2021)**

## **Jersey Shore Area School District**

### **Notice to Parents**

According to state and federal special education regulations, annual public notice to parents of children who reside within a school district is required regarding child find responsibilities. School districts (SDs), intermediate units (IUs), and charter schools (CSs) are required to conduct child find activities for children who may be eligible for services via Section 504 of the Rehabilitation Act of 1973. For additional information related to Section 504/Chapter 15 services, the parent may refer to Section 504, Chapter 15, and the Basic Education Circular entitled implementation of Chapter 15. Also, school districts are required to conduct child find activities for children who may be eligible for gifted services via 22 Pa Code Chapter 16. For additional information regarding gifted services, the parent may refer to 22 PA Code Chapter 16. If a student is both gifted and eligible for Special Education, the procedure in IDEA and Chapter 14 shall take precedence.

This notice shall inform parents throughout the school district, intermediate unit, and charter school of the child find identification activities and of the procedures followed to ensure confidentiality of information pertaining to students with disabilities or eligible young children. In addition to this public notice, each school district, intermediate unit, and charter school shall publish written information in the handbook and on the website. Children ages three through twenty-one can be eligible for special education programs and services. If parents believe that the child may be eligible for special education, the parent should contact the appropriate staff member identified at the end of this public notice.

Children age three through the age of admission to first grade are also eligible if they have developmental delays and, as a result, need Special Education and related services. Developmental delay is defined as a child who is less than the age of beginners and at least three years of age and is considered to have a developmental delay when one of the following exists: (i) The child's score, on a developmental assessment device, on an assessment instrument which yields a score in months, indicates that the child is delayed by 25% of the child's chronological age in one or more developmental areas. (ii) The child is delayed in one or more of the developmental areas, as documented by test performance of 1.5 standard deviations below the mean on standardized tests. Developmental areas include cognitive, communicative, physical, social/emotional, and self-help. For additional information you may contact Ms. Angela Sees, Supervisor of Early Intervention Programs, BLAST IU #17.

### **Evaluation Process**

Each school district, intermediate unit, and charter school has a procedure in place by which parents can request an evaluation. For information about procedures applicable to your child, contact the school, which your child attends. Telephone numbers and addresses can be found at the end of this notice. Parents of preschool age children, age three through five, may request an evaluation in writing by addressing a letter to Ms. Angela Sees, Supervisor of Early Intervention Programs, BLAST IU #17.

## **Consent**

School entities cannot proceed with an evaluation, or with the initial provision of special education and related services, without the written consent of the parents. For additional information related to consent, please refer to the Procedural Safeguards Notice which can be found at the PaTTAN website, [www.pattan.net](http://www.pattan.net). Once written parental consent is obtained, the district will proceed with the evaluation process. If the parent disagrees with the evaluation, the parent can request an independent education evaluation at public expense.

## **Program Development**

Once the evaluation process is completed, a team of qualified professionals and parents determine whether the child is eligible. If the child is eligible, the individualized education program team meets, develops the program, and determines the educational placement. Once the IEP team develops the program and determines the educational placement, school district staff, intermediate unit staff, or charter school staff will issue a notice of recommended educational placement/prior written notice. Your written consent is required before initial services can be provided. The parent has the right to revoke consent after initial placement.

## **Confidentiality of Information**

The SDs, IUs, and CSs maintain records concerning all children enrolled in the school, including students with disabilities. All records are maintained in the strictest confidentiality. Your consent, or consent of an eligible child who has reached the age of majority under State law, must be obtained before personally identifiable information is released, except as permitted under the Family Education Rights and Privacy Act (FERPA). The age of majority in Pennsylvania is 21. Each participating agency must protect the confidentiality of personally identifiable information at collection, storage, disclosure, and destruction stages. One official at each participating agency must assume responsibility for ensuring the confidentiality of any personally identifiable information. Each participating agency must maintain, for public inspection, a current listing of the names and positions of those employees within the agency who have access to personally identifiable information.

In accordance with 34 CFR § 300.624, please be advised of the following retention/destruction schedule for the Pennsylvania Alternate System of Assessment (PASA), Pennsylvania System of School Assessment (PSSA), and Keystone Exam related materials:

- PSSA, Keystone Exam, and PASA test booklets will be destroyed one year after student reports are delivered for the administration associated with the test booklets.
- PSSA and Keystone Exam answer booklets and PASA media recordings will be destroyed three years after completion of the assessment.

For additional information related to student records, the parent can refer to the Family Education Rights and Privacy Act (FERPA).

This notice is only a summary of the Special Education services, evaluation and screening activities, and rights and protections pertaining to children with disabilities, children thought to be disabled, and their parents. For more information or to request evaluation or screening of a public or private school child,



contact the school or district where your child attends. Additionally, one may contact the school representative listed below:

Mrs. Jodi Wolesslagle, Director of Pupil Services  
Jersey Shore Area School District  
175 A & P Drive  
Jersey Shore, PA 17740  
570-398-5250

The Jersey Shore Area School District will not discriminate in employment, educational programs, or activities based on race, color, national origin, age, sex, handicap, creed, marital status, or because a person is a disabled veteran or a veteran of the Vietnam era. No preschool, elementary, or secondary school pupil enrolled in a school district, Intermediate Unit, or charter school program shall be denied equal opportunity to participate in age and program appropriate instruction or activities due to race, color, handicap, creed, national origin, marital status, or financial hardship.

#### **Jersey Shore Area School District – School Contact Information**

Jersey Shore Area Elementary School  
601 Locust Street  
Jersey Shore, PA 17740  
570-398-7120 (phone)  
570-398-5624 (fax)

Avis Elementary School  
1088 Third Street  
Jersey Shore, PA 17740  
570-753-5220 (phone)  
570-753-3460 (fax)

Salladasburg Elementary School  
3490 Rte. 287 Highway  
Jersey Shore, PA 17740  
570-398-2931 (phone)  
570-398-5066 (fax)

Jersey Shore Area Middle School  
601 Thompson Street  
Jersey Shore, PA 17740  
570-398-7400 (phone)  
570-398-5618 (fax)

Jersey Shore Area High School  
701 Cemetery Street  
Jersey Shore, PA 17740  
570-398-7170 (phone)  
570-398-5612 (fax)



**Jersey Shore Area School District**  
175 A&P Drive, Jersey Shore, PA 17740

Form

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**Annual Notification of Rights under FERPA for Elementary and Secondary Schools**

The Family Educational Rights and Privacy Act (FERPA) affords parents and students who are 18 years of age or older ("eligible students") certain rights with respect to the student's education records. These rights are:

1. The right to inspect and review the student's education records within 45 days after the day the [Name of school ("School")] receives a request for access.

Parents or eligible students should submit to the school principal [or appropriate school official] a written request that identifies the records they wish to inspect. The school official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.

2. The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA.

Parents or eligible students who wish to ask the [School] to amend a record should write the school principal [or appropriate school official], clearly identify the part of the record they want changed, and specify why it should be changed. If the school decides not to amend the record as requested by the parent or eligible student, the school will notify the parent or eligible student of the decision and of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

3. The right to provide written consent before the school discloses personally identifiable information (PII) from the student's education records, except to the extent that FERPA authorizes disclosure without consent.

One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the school as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel) or a person serving on the school board. A school official also may include a volunteer or contractor outside of the school who performs an institutional service of function for which the school would otherwise use its own employees and who is under the direct control of the school with respect to the use and maintenance of PII from education records, such as an attorney, auditor, medical consultant, or therapist; a parent or student volunteering to serve on an official committee, such as a disciplinary or grievance committee; or a parent, student, or other volunteer assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

Upon request, the school discloses education records without consent to officials of another school district in which a student seeks or intends to enroll, or is already enrolled if the disclosure is for purposes of the student's enrollment or transfer.

4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the [School] to comply with the requirements of FERPA. The name and address of the Office that administers FERPA are:

Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, DC 20202

continued of back

FERPA permits the disclosure of PII from students' education records, without consent of the parent or eligible student, if the disclosure meets certain conditions found in §99.31 of the FERPA regulations. Except for disclosures to school officials, disclosures related to some judicial orders or lawfully issued subpoenas, disclosures of directory information, and disclosures to the parent or eligible student, §99.32 of the FERPA regulations requires the school to record the disclosure. Parents and eligible students have a right to inspect and review the record of disclosures. A school may disclose PII from the education records of a student without obtaining prior written consent of the parents or the eligible student –

- To other school officials, including teachers, within the educational agency or institution whom the school has determined to have legitimate educational interests. This includes contractors, consultants, volunteers, or other parties to whom the school has outsourced institutional services or functions, provided that the conditions listed in §99.31(a)(1)(i)(B)(I) - (a)(1)(i)(B)(2) are met. (§99.31(a)(1))
- To officials of another school, school system, or institution of postsecondary education where the student seeks or intends to enroll, or where the student is already enrolled if the disclosure is for purposes related to the student's enrollment or transfer, subject to the requirements of §99.34. (§99.31(a)(2))
- To authorized representatives of the U. S. Comptroller General, the U. S. Attorney General, the U.S. Secretary of Education, or State and local educational authorities, such as the State educational agency in the parent or eligible student's State (SEA). Disclosures under this provision may be made, subject to the requirements of §99.35, in connection with an audit or evaluation of Federal- or State-supported education programs, or for the enforcement of or compliance with Federal legal requirements that relate to those programs. These entities may make further disclosures of PII to outside entities that are designated by them as their authorized representatives to conduct any audit, evaluation, or enforcement or compliance activity on their behalf. (§§99.31(a)(3) and 99.35)
- In connection with financial aid for which the student has applied or which the student has received, if the information is necessary to determine eligibility for the aid, determine the amount of the aid, determine the conditions of the aid, or enforce the terms and conditions of the aid. (§99.31(a)(4)) To State and local officials or authorities to whom information is specifically allowed to be reported or disclosed by a State statute that concerns the juvenile justice system and the system's ability to effectively serve, prior to adjudication, the student whose records were released, subject to §99.38. (§99.31(a)(5))
- To organizations conducting studies for, or on behalf of, the school, in order to: (a) develop, validate, or administer predictive tests; (b) administer student aid programs; or (c) improve instruction. (§99.31(a)(6))
- To accrediting organizations to carry out their accrediting functions. (§99.31(a)(7))
- To parents of an eligible student if the student is a dependent for IRS tax purposes. (§99.31(a)(8))
- To comply with a judicial order or lawfully issued subpoena. (§99.31(a)(9))
- To appropriate officials in connection with a health or safety emergency, subject to §99.36. (§99.31(a)(10))
- Information the school has designated as "directory information" under §99.37. (§99.31(a)(11))



## Jersey Shore Area School District

175 A&P Drive, Jersey Shore, PA 17740

Form

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### **Medical Forms Cover Letter**

In order to get to know your child and complete his/her registration, certain medical forms are necessary. Attached are the following forms that need to be completed for registration:

- Health History (Form A)
- Medical Screening Acknowledgement (Form B)
- Private Physician's Form of Physical Examination (Form C)

Upon entering into school in **grades K or 1 and in grades 6 and 11**, all students are required by the Pennsylvania State Health Department to have a physical exam. If your child will be seen by your family health care provider, please have the enclosed Commonwealth of Pennsylvania Department of Health Form #H511.336 (JSASD Med. Form C) completed and returned to the school as soon as possible. **The exam must be performed within one year of the start of the school year.**

- Private Dentist's Form of Dental Examination (Form D)

Upon entering into school in **grades K or 1 and in grades 3 and 7**, all students are required by the Pennsylvania State Health Department to have a dental exam. If your child will be seen by your family dentist, please have the enclosed Commonwealth of Pennsylvania Department of Health Form #H514.027 (JSASD Med. Form D) completed and returned to the school as soon as possible. **The exam must be performed within one year of the start of the school year.**

Please return the completed form(s) to the nurse at your child's school. If you have any questions please contact the school nurse and/or if you prefer to have the form faxed, use the appropriate numbers below:

Senior High	Judy Morlock RN/CSN	Ph: 570-398-7170	Fax: 570-398-5612
Middle School	Judy Morlock RN/CSN	Ph: 570-398-7400	Fax: 570-398-5618
JS ES	Hillary Leonard RN/CSN	Ph: 570-398-7120	Fax: 570-398-5624
Avis ES	Hillary Leonard RN/CSN	Ph: 570-753-5220	Fax: 570-753-3469
Sall ES	Hillary Leonard RN/CSN	Ph: 570-398-2931	Fax: 570-398-5066



**Jersey Shore Area School District**  
175 A&P Drive, Jersey Shore, PA 17740

Med. Form



**Health History**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please check all that apply

**Does your child have:**

Cleft Palate/Lip	Yes	No
Frequent Sore Throats	Yes	No
Frequent Earaches	Yes	No
Frequent Colds	Yes	No
Allergies	Yes	No
Speech Difficulties	Yes	No
Chronic Cough	Yes	No
Emotional Problems	Yes	No
Bedwetting/Wetting	Yes	No
Frequent Nightmares	Yes	No
Poor Eating Habits	Yes	No
Stomach Problems	Yes	No
Bowel Problems	Yes	No
HIV/AIDS	Yes	No
Behavioral Problems	Yes	No
Vision Problems	Yes	No

**Has your child had:**

Broken Bones	Yes	No
Tonsils Removed	Yes	No
Head Injury(unconscious)	Yes	No
Difficult Sleeping	Yes	No
Convulsions	Yes	No
Epileptic Seizures	Yes	No
Chicken Pox	Yes	No
Measles (Regular/10 Day)	Yes	No
Measles (German/3 Day)	Yes	No
Mumps	Yes	No
Scarlet Fever	Yes	No
Whooping Cough	Yes	No
Rheumatic Fever	Yes	No

If yes, month/year: \_\_\_\_\_

Explain all Yes answers: \_\_\_\_\_

\_\_\_\_\_

Abnormal Birth History: \_\_\_\_\_

List all operations: \_\_\_\_\_

List all major illnesses: \_\_\_\_\_

List all current daily medications, include dose: \_\_\_\_\_

\_\_\_\_\_

List all as needed medications, include dose: \_\_\_\_\_

\_\_\_\_\_

Is your child presently under medical treatment (if yes, explain): \_\_\_\_\_

\_\_\_\_\_

**Family History**

(Please check those that apply to your family)

Allergies  
Asthma

Epilepsy  
Deafness

Tuberculosis  
Diabetes

Heart Disease  
Psychiatric Depression

Kidney Disease

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## Jersey Shore Area School District

175 A&P Drive, Jersey Shore, PA 17740

Med. Form

**B**

### Medical Screening Acknowledgment

In order to eliminate the need to send home numerous permission slips for the various phases of our school health programs, we are offering this form as an overall coverage for this program.

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I understand my child will participate in the following Pennsylvania State mandated health programs:

- Annual Vision Screening, Grades K-12
- Annual Height and Weight Screening, Grades K-12
- Hearing Screening, Grades, K, 1, 2, 3, 7, and 11
- Scoliosis Screening, Grades 6, and 7
- Physical examinations upon entry into school (Grades K or 1) and Grades 6 and 11\*

If you have any questions regarding the school health program, please feel free to call your school nurse.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\*You may have the routine school health examination performed by your family physician at your expense. A private physician's form is enclosed in this packet. If your child is to be examined by the school physician, you will be informed when and where the exam will occur. If you wish to attend, contact the school nurse.

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH

Med. Form

**C**PRIVATE PHYSICIAN'S REPORT OF  
PHYSICAL EXAMINATION OF A PUPIL OF SCHOOL AGE

DATE \_\_\_\_\_ 20 \_\_\_\_\_

NAME OF SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ HOMEROOM \_\_\_\_\_

NAME OF CHILD \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SEX

☐ ☐  
M F

Last

First

Middle

ADDRESS \_\_\_\_\_

No. and Street

City or Post Office

Borough or Township

County

State

Zip Code

MEDICAL HISTORY  
IMMUNIZATIONS AND TESTS

VACCINE	Enter Month, Day, and Year Each Immunization Was Given				
	DOSES			BOOSTERS & DATES	
Diphtheria and Tetanus* (Circle): DTaP, DTP, DT, Td	1 / /	2 / /	3 / /	4 / /	5 / /
Polio (Circle): OPV, IPV	1 / /	2 / /	3 / /	4 / /	5 / /
Measles, Mumps, Rubella	1 / /	2 / /			
Hepatitis B	1 / /	2 / /	3 / /		
HIB	1 / /	2 / /	3 / /		
Varicella	1 / /	2 / /	Varicella Disease or Lab Evidence Date: _____		
Other _____					

☐ MEDICAL EXEMPTION

The physical condition of the above named child is such that immunization would endanger life or health

☐ RELIGIOUS EXEMPTION

(Include a strong moral or ethical conviction similar to a religious belief and requires a written statement from the parent/guardian)

If Applicable:

Tuberculin Tests Date Applied	Arm	Device	Antigen	Manufacturer	Signature
Date Read	Results (mm)		Signature		

Follow-Up of significant tuberculin tests:

Parent/Guardian notified of significant findings on \_\_\_\_\_

Date

Result of Diagnostic Studies: \_\_\_\_\_

Date

Preventive Anti-Tuberculosis – Chemotherapy ordered.

☐  
No☐  
Yes

Date \_\_\_\_\_

(Continued on Back)



### Significant Medical Conditions (✓)

	Yes	No	If Yes, Explain
Allergies.....	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma.....	<input type="checkbox"/>	<input type="checkbox"/>	
Cardiac.....	<input type="checkbox"/>	<input type="checkbox"/>	
Chemical Dependency .....	<input type="checkbox"/>	<input type="checkbox"/>	
Drugs.....	<input type="checkbox"/>	<input type="checkbox"/>	
Alcohol .....	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes Mellitus .....	<input type="checkbox"/>	<input type="checkbox"/>	
Gastrointestinal Disorder .....	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	
Hypertension.....	<input type="checkbox"/>	<input type="checkbox"/>	
Neuromuscular Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	
Orthopedic Condition.....	<input type="checkbox"/>	<input type="checkbox"/>	
Respiratory Illness .....	<input type="checkbox"/>	<input type="checkbox"/>	
Seizure Disorder .....	<input type="checkbox"/>	<input type="checkbox"/>	
Skin Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	
Vision Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	
Other (Specify) .....	<input type="checkbox"/>	<input type="checkbox"/>	

Are there any special medical problems or chronic, diseases which require restriction of activity, medication or which might affect his/her education? If so, specify \_\_\_\_\_

### Report of Physical Examination (✓)

	Normal	Abnormal	Not Examined	Comments
• Height (inches)				
• Weight (pounds)      BMI				
• Pulse (      )				
• Blood Pressure      /				
• Hair/Scalp				
• Skin				
• Eyes/Vision				
• Ears/Hearing				
• Nose and Throat				
• Teeth and Gingiva				
• Lymph Glands				
• Heart – Murmur, etc.				
• Lung – Adventitious Findings				
• Abdomen				
• Genitourinary				
• Neuromuscular System				
• Extremities				
• Spine (Presence of Scoliosis)				

\_\_\_\_\_  
Date of Examination

\_\_\_\_\_  
Signature of Examiner

\_\_\_\_\_  
Print Name of Examiner

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH**PRIVATE DENTIST REPORT  
OF DENTAL EXAMINATION OF A PUPIL OF SCHOOL AGE**

NAME OF SCHOOL \_\_\_\_\_ DATE \_\_\_\_\_ 20 \_\_\_\_

NAME OF CHILD			AGE	SEX	GRADE	SECTION/ROOM
_____ Last	_____ First	_____ Middle		<input type="checkbox"/> M <input type="checkbox"/> F		

ADDRESS

No. and Street	City or Post Office	Borough/Township	County	State	Zip
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**REPORT OF EXAMINATION**

	TOOTH CHART																
	RIGHT								LEFT								
UPPER	1	2	3	4 A	5 B	6 C	7 D	8 E	9 F	10 G	11 H	12 I	13 J	14	15	16	Upper
LOWER	32	31	30	29 T	28 S	27 R	26 Q	25 P	24 O	23 N	22 M	21 L	20 K	19	18	17	Lower
UPPER																	Upper
LOWER																	Lower

Is The Child Under Treatment?

Yes ☐No ☐

Treatment Completed

Yes ☐No ☐\_\_\_\_\_  
Date of Dental Examination\_\_\_\_\_  
Signature of Dental Examiner\_\_\_\_\_  
Print Name of Dental Examiner\_\_\_\_\_  
Address

# EMERGENCY/STUDENT INFORMATION CHANGE FORM

Student Name \_\_\_\_\_  
Last First Middle

Primary Parent Contact \_\_\_\_\_ Prim Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Relationship to child \_\_\_\_\_ Sec Phone \_\_\_\_\_  
House Number \_\_\_\_\_ Apartment Number \_\_\_\_\_  
Street Name \_\_\_\_\_  
PO Box \_\_\_\_\_ Borough/Township \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_  
Additional Adult at this address \_\_\_\_\_  
Place of employment \_\_\_\_\_

Secondary Parent Contact \_\_\_\_\_ Prim Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Relationship to child \_\_\_\_\_ Sec Phone \_\_\_\_\_  
House Number \_\_\_\_\_ Apartment Number \_\_\_\_\_  
Street Name \_\_\_\_\_  
PO Box \_\_\_\_\_ Borough/Township \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_  
Additional Adult at this address \_\_\_\_\_  
Place of employment \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Prim Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Relationship to child \_\_\_\_\_ Sec Phone \_\_\_\_\_

Parents: ☐ Married ☐ Divorced ☐ Separated ☐ Single  
Child lives with: ☐ Both ☐ Mother ☐ Father ☐ Guardian

Sisters/Brothers:	Grade	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional relatives/friends who are permitted to come for your child:  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

*When the primary parent's address has changed, then proof of residency should be submitted with this form to the child's school.*

***In case of an emergency, your child will be released to any person listed on this form.***

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

<input type="checkbox"/> SH	<input type="checkbox"/> MS	<input type="checkbox"/> JSE	<input type="checkbox"/> AV	<input type="checkbox"/> SALL
Office Use: Student Number _____		GR _____		
Submitted by _____		Date _____		

**Jersey Shore Area School District  
Authorization for First Aid/Emergency Care**

Date \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom \_\_\_\_\_ Birth Date \_\_\_\_\_

Student Name \_\_\_\_\_ Phone \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Place \_\_\_\_\_ Wk# \_\_\_\_\_

Cell# \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Place \_\_\_\_\_ Wk# \_\_\_\_\_

Cell# \_\_\_\_\_

Child lives with: (please circle)    Both Parents    Father    Mother    Guardian    Other \_\_\_\_\_

If school is unable to reach either of the above, please list 2 relatives or friends who you give the authority to advise and/or pick up your child if sick or injured:

Name/Relationship \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name/Relationship \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**First Person to Contact** \_\_\_\_\_

**EMERGENCY TREATMENT**

List any conditions your child may have, of which the school nurse should be aware: (Ex. Asthma, Seizure Disorder, Depression, Allergies, etc.)

**BEE STING REACTION:**

Does your child have an allergy to bees which requires emergency medication?      Yes      No

If yes, please list medication used when stung: \_\_\_\_\_

**PERMISSION TO EXCHANGE INFORMATION:**

My child's health and/or medical information may be shared with school staff as needed so that in an emergency the staff can act in the best interest of my child.

\_\_\_\_\_  
Signature Parent/Guardian

**EMERGENCY TREATMENT:**

If emergency treatment is required, the school authorities will use their judgment in sending the child to the nearest hospital

**Acetaminophen (Tylenol), Ibuprofen (Advil), Antacid (Tums):**

Non-prescription medications that may be given in a non-emergency situation are Ibuprofen (Such as Advil®/Motrin®), Acetaminophen (such as Tylenol®), Antacids (such as Tums®) in accordance with the treatment protocol established by the school physician. Acetaminophen/Ibuprofen dosage is based on age and weight of the child. When health situations arise for administering these medications **and** the parent/guardian have signed the permission below for their administration, these will be offered to students. The authorization will be in effect the current school year unless revoked by the parents/guardian in writing to the School Nurse.

**Tylenol/Advil/Tums need to be supplied by the parent/guardian if taking often OR if Children's dosage (liquid/chewable) is needed.**

I agree that the District and its employees are not to be held liable for giving medicine in accordance with this Authorization. I agree to hold harmless and indemnify the Jersey Shore Area School District and all of its employees against any and all claims, damages, expenses, attorney's fees, suits, cause or causes of action which may be brought against the District or its employees in connection with giving such medicine.

\_\_\_\_\_  
Signature Parent/Guardian



# Jersey Shore Area School District

LEARNING | GROWING | SUCCEEDING

## Permission to Give Prescription Medication at School

\*The administration of prescription medication in school is permitted with a **written doctor's order and parent permission.**

\*Over the counter medication such as cold and cough medicine, must have a doctor's order and medication stored in nurse office.

\*Sign permission on emergency card for nurse to administer Acetaminophen, Ibuprofen, Tums

\*All prescription medication must be in the original bottle properly labeled.

\*With doctor's permission a student may carry their Inhaler and/or EpiPen.

.....

Student Name \_\_\_\_\_

Medication	Dosage	Time	Route	Duration

Diagnosis \_\_\_\_\_

Side Effects \_\_\_\_\_

\_\_\_\_\_  
Physician's Name Printed

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Phone Number

\_\_\_\_\_  
Date

.....

### Parent Permission

I give permission for my child to receive \_\_\_\_\_ at school as directed by the doctor.  
(Medication Name)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name / Grade / Teacher

I agree that the District and its employees are not to be held liable for giving medicine in accordance with this Authorization. I agree to hold harmless and indemnify the Jersey Shore Area School District and all of its employees against any and all claims, damages, expenses, attorney's fees, suits, cause or causes of action which may be brought against the District or its employees in connection with giving such medicine.

School	Phone	Fax		School	Phone	Fax
Jersey Shore Elementary	570-398-7120	570-398-5624		Jersey Shore Middle School	570-398-7400	570-398-5618
Avis Elementary	570-753-5220	570-753-3460		Jersey Shore High School	570-398-7170	570-398-5612
Salladasburg Elementary	570.398.2931	570.398.5066				